2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004829

Entity Name: L'CHAIM SOCIETY, INC.

FILED Feb 20, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

159 COLONIAL ROAD STAMFORD, CT 06906 US

Current Mailing Address: New Mailing Address:

3713 MAIN HIGHWAY 159 COLONIAL ROAD COCONUT GROVE, FL 33133 US STAMFORD, CT 06906 US

FEI Number: 65-0805070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AXMAN, MICHAEL B ESQ. 2601 S BAYSHORE PR # 1600 MIAMI, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete
 Title:
 DVT (X) Change () Addition

 Name:
 DEREN, RABBI YISROEL
 Name:
 DEREN, RABBI YISROEL

 Address:
 57 REVENAH AVENUE
 Address:
 57 REVENAH AVENUE

 City-St-Zip:
 STAMFORD, CT 06905
 City-St-Zip:
 STAMFORD, CT 06905

Title: DVPS () Delete Title: DS (X) Change () Addition

 Name:
 DEREN, VIVI
 Name:
 DEREN, VIVI

 Address:
 57 ROVONA AVENUE
 57 ROVONA AVENUE

 City-St-Zip:
 STAMFORD, CT 06905
 City-St-Zip:
 STAMFORD, CT 06905

Title: DAS () Delete Title: DP (X) Change () Addition

 Name:
 SCHOIKHETEROD, DAVID
 Name:
 SCHOIKHETEROD, DAVID

 Address:
 2230 E. 26TH STREET
 Address:
 2230 E. 26TH STREET

 City-St-Zip:
 BROOKLYN, NY 11229
 City-St-Zip:
 BROOKLYN, NY 11229

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YISROEL DEREN DVT 02/20/2002